Statement of Organization - Candidate Committee

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by	forms CRO-3100 and CRO-35	00 (when amending, on	ly re-submit if applicable)

1. Committee Informatio	Tally the control of		a ID Nie-	No.
a. Full Name			e. ID Nun	inclass
Mitch for Town Council	y, State and Zip Code)	INER	esta de la constanta de la cons	
b. Mailing Address (include Cit			d. Date O	rganized
140 N. Valley Rd.	, All6	1 5 2011	7/14/20	17
Southern Pines, NC 28387	No		e. Phone	Number
	DONA	REBOE	919-795	
2. Candidate Information	N. P. Carlotte	Candidate's Pr	imary Co	mmittee
a. Full Name		e. Candidate ID Number		f. Party Affiliation
Mitchell Owens Lancaster				N/A
b. Mailing Address (include Cit	y, State, and Zip Code)	g. Office Sought	ugalerasi. Tida arta arta arta	A B TO GOOD TO SEE
140 N. Valley Rd.				
Southern Pines, NC 28387	7	Council		
c. Phone Number	d. Email Address			
919-795-2716	mitch@bugsbite.com	h. Next Election Year		i. Jurisdiction
Email copy of notices		2017	-	Southern Pines
3. Treasurer Information		.4. Custodian of Books Info	rmation	
a. Full Name		a. Full Name	ng viscol) nj	
Mitchell Owens Lancaster	<u>ele series de la compresencia della compresencia de la compresencia de la compresencia della compresencia d</u>	Candidate	1 200 - COMM - P.O. 12 15 15	A Section of the Control of the Cont
b, Mailing Address (include Cit	y, State, and Zip Code)	b. Mailing Address (include City	, State, and	l Zip Code)
Same				
c. Phone Number	d. Email Address	c. Phone Number	d. Email	Address
same	same			
I prefer to receive my notic		Email copy of notices		
5. Assistant Treasurer In	dormation: Add Add	6:Account Information	(incl=CR	9-3500)
a. Full Name	Remove	a. Financial Institution Full Nam	ie	Remove 4
i		First Bank		
b. Mailing Address (include Ci	ty, State, and Zip Code)	b. Purpose	31 W. 12 4 1 6	
	•	Fundraising		
		c. Account Code		d. Type
c. Phone Number	d. Email Address	C-Account Code		u type
		1		Checking
Email copy of notices	e water na anta an anta anta anta anta anta an		ongtinos (contributios	
CERTIFICATION			-1- 00 4	201 C 20D 20M of Chanton
163 of the NC General State that this report is complete	ee or Fund is in compliance with all atutes and that no funds are commine, true and correct.	applicable provisions of Arungled with prohibited or other	non-disc	losed funds. I further certify
	11	MAHON -		
Mitch O.	Lancaster //	week in		8/9/2017
Printed Na	me of Signer	Signature of Appointed Treasurer		Date



North Carolina

State Board of Elections

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director RECEIVED

AUG 1 5 2017

MOORE BOE

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173

Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

FILED BY: Committee Name: Mitch for Town Council Treasurer Name: Mitch Lancaster Treasurer Address: 140 N. Valley Rd. (include city, state, & zip) Southern Pines, NC 28387 Treasurer Phone: 919-795-2716 Check One: ☐ I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports. THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE. ☑ I am withdrawing my Certification to remain under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.

8/09/17 Date Signed **Disclosure Report Cover**

Amendment

Yes

Disciosure repor					-1 with other	detailed forms
Use this form for general:		emmittee information	must be signed	i and submitted	along with other	Teration toring.
Use this form for general	report and co		, mast oe signed		· ·	
022		. •				

Do not use this form to update info	ormation.			
la Commutee Information				c. ID Number
a. Full Name	20 (10 (10 (10 (10 (10 (10 (10 (10 (10 (1		ACEIVIII	C.1D Number
Mitch for	1 aun	(w)nd	FCENT	
b. Mailing Address (include City, State	and Zip Code)	n na sea faile de de de de	TOOL 3 1 DUA	d. Date Filed 8-15-17
140 N. Velley R.S	L	•		
So. Pines, NC.		·	MOOREB() E e. Phone Number 919-795-2016
24 Report Rear Start	Date (mm/dd/(v)	4. Period End	Date (mm/dd/yy) 5. Lre	asprer Paul Name
2017 7-14-	17	8-14	-/7 MA	chell Ovens Lancaster
6. Type of Committee (Check O			(check only one type o	report from one category)
Candidate Campaign Party	Mur	nicipal	State/County Organizational	Referentum Organizational
		Organizational Thirty-five day	Quarterly	Pre-referendum
	Fundraiser	Pre-primary	First	Final
Legal Expense Fund		Pre-election	Second	Supplemental Final
7. Type of Fund of the dipplicable of	neck one H	Pre-runoff	Third	Annual
Booster Fund		Semi-annual	Fourth	Special
Building Fund		Mid Year	Semi-annual	The second secon
<u> </u>		Year End	Mid Year	10. Special Report Name
Other:		Final	Year End	
8. Number of Fundraisers this	Report 🚚 🗆	Special	Final	
Ø			Special Special	
Isl Account Information			Account Information	
a. Financial Institution Full Name	es de la companya de	a.l	inancial Institution Full Na	ine
First Bank				
b. Purpose	c. Account Code	b. 1	Purpose	c. Account Code
(a miss	1	İ		<u> </u>
Cargos	1 D 2 D	CALIFORNIA (1985) 7 (1)	•	d. Period Begin Balance
Camposs h	d. Period Begin B	1,00	\$	
U	\$ 0	,,,,,,	William White or my Vaneto are \$4 the	The second secon
CERTIFICATION				10
I certify that the Committee or Fur	nd is in complianc	e with all applicat	ble provisions of Article 2	2A, 22B & 22D-22M of Chapter 163
of the NC General Statutes and the	at no funds are cor	mmingled with pr	ohibited or other non-disci	losed fullds. I further certify that and
report is complete, true and correct	it and that I have b	een trained by the	NC State Board of Electr	Ons.
I Myl I Laces	tro	mo-	h	8.14.17
Printed Name of Sign	ner .	Signat	ure of Appointed Treasurer	Date
FOR OFFICE USE ONLY	刘祖强王明 从李元元 章	A conferment was be		
	in the		amin	<u>Delivery Method</u>
Date Received: <u>E</u>		Employee	: Vanta	Normal Mail
		Employee		Registered Mail
Date Postmarked:		Limpieye		✓ Hand Delivered☐ Electronically Filed
Date Scanned:		Employee	> :	T Electronically Fued
				Signer has not received
Date Data Entered:	(and) the state of the state of the state of	Employe	ki jara ja jaran kantan marintan jaran 1900 kilon ja kantan jaran 1900 kilon jaran 1900 kilon jaran 1900 kilon Paran jaran ja	mandatory training
Please Note: This form c	annot be used to	amend commit	tee information such as	the committee address, treasurer,
assistar	nt treasurer, custo	odian of books i	nformation, or account i	nformation.
You must amend	I the Statement o	f Organization ((CRO-2100A-E) to mak	e committee changes.
GDO 1000		NC State Board	of Elections	August 200

Detailed Summary
Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment

Yes No

Use this form to summarize all disclosure reporting forms and			DVN3111 Kar				
1. Committee Full Name (and Fund if applicable) 2. Type of Report 3. ID Number							
Mitch for Journ Carcil Cognizational							
Start of Election Cycle: January 1, 2019		Total this Reporting Period	Total this Election Cycle				
4) Cash on Hand at Start		\$ 0.00	\$ 0,00				
RECEPTS 7/6	erani ye et atb	rong tentropasaria reagas filo					
5) Aggregated Contributions from Individuals	(CRO-1205)		\$				
6) Contributions from Individuals	(CRO-1210)	\$ 1055.00	\$ 1055. ""				
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$				
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$				
9) Loan Proceeds	(CRO-1410)	\$	\$				
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$				
11) Other Receipt Sources							
11a) Interest on Bank Accounts	(CRO-1250)	\$.	\$				
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$				
; 11c) Outside Sources of Income	(CRO-1250)	\$	\$				
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$				
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$				
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$ 1055.00	\$ 1055.00				
EXPENDITURES							
13) Disbursements							
13a) Operating Expenditures	(CRO-1310)	\$	\$				
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$				
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$				
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$				
15) Loan Repayments	(CRO-1420)	\$	\$				
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$				
17) In-Kind Contributions	(CRO-1510)	\$ 5.00	\$ 5.00				
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15			\$ 5.5				
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 1050.00	\$ 1050.00				
<u>ADDITIONAL INFORMATION</u>							
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$					
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	Zegor				
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$					
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$					
24) Account Transfers Within the Committee	(CRO-1720)	\$					
25) Administrative Support	(CRO-1710)	\$	\$				
26) Forgiven Loans	(CRO-1440)	\$	\$				
	(CRO-2220)	\$	\$				
tion of the second seco	(CRO-1215)	\$	\$ August 2008				
CRO-1100 NC State Boar	a of Elections		Anonet ንብለዩ				

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 14. Committee Pull Name and Fund Englished Mitch Par Town Canci Mitch Par Town Canci Mitch Par Town Canci Sontribute Information a Poll Name, Walling Address & Phone (include city, state, & zip) All Campents Parker Massyrit Aff Employer's NameSpecific Field Mount to Date S 1005.00 S 2.00 Money State Lin-Kind Description Lin-Kind Description Date (mm/ddysyy) Is Amount Town Filing Fee Date Employer's NameSpecific Field B. 7-17 \$ 1000.00 S 5.00 S 5.00 S 5.00 C Employer's NameSpecific Field First Rank Election Sum to Date Employer's NameSpecific Field Employer's NameSpecific Field First Rank Election Sum to Date Employer's NameSpecific Field Check Pincharst MC 28374 First Rank Election Sum to Date Employer's NameSpecific Field Check B. 7-17 \$ 50.00 S 50.00 All Repose Employer's NameSpecific Field Election Sum to Date Employer's NameSpecific Field Check B. 7-17 \$ 50.00 All Repose Employer's NameSpecific Field	Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used E Committee Full Name (and Funds) applicable) Mitch fur Town (and I and I are and I are and I are and I and I are and I are and I and I are and I are and I are and I are and I and I are and	Cont	ributions fr	rom Individual	Is	Pg			Amendment Yes	No	
Mitch fur Two Canci 3. Contributor integripation 1. Poli Pancy Malling Address & Phone (Include city, state, & stp) Parker - Massin's Agl Exployer's Name/Specific Field Massin's Agl Explose Solution Sum to Date Solution Sum to Date Solution Sum to Date Exployer's Name/Specific Field First Bank Exployer's Name/Specific Field First Bank Exployer's Name/Specific Field Solution Sum to Date S	Mitch For Two Cancil Both shirt birds address & Phone Conclude (15); sale, & sip) Mitchel Warns Lacesfer IYO N. Kelley R.l. So. Pines N.C. 28357 Mosen'to Act. So. Pines N.C. 28357 Defor a Account Code In Form of Payment In In-Kind Description And are active state, & sip And son Lyon's G. Pines R. Account Code In Form of Payment In In-Kind Description C. Employer's Name/Specific Field First Bank C. Election Sum to Bate So. Do. S. Contribution Information Check So. Do. S. Contribution Information S. Contribution Inform	Use this	s form to report ir	ndividual contribution	ns over \$50 or co	ontributions und			L		
A Pull Name, Mailing Address & Phone (include city, state, & stip) Prior g. Account Code h. Form of Payment (I. In-Kind Description J. Job Title/Profession J. Comments J.	**Refine Principality** **Political Control Code Description Descri							2, I	D Number		
A. Comments A. Co	Foll Name, Mailing Address & Phone (Include 17), state, & pip) Rection Sum to Date						:				
(include city, state, & zip) Mitchell Owens Locaster 140 N. Velley Rd So. Pines Ne. 28357 Perior g. Account Code In. Form of Payment I. In. Kind Description. In. Veol Tiling Let 7-14-11 \$ 5.00 Check B. 7-17 \$ 1000.00 Standard Code City, state, & zip) And South Date Rd Pineharst Ne. 28374 C. Employer's Name/Specific Field. Removed Code In. Form of Payment II. In. Kind Description. Check B. 7-17 \$ 1000.00 Standard Code City, state, & zip) And South Code In. Form of Payment II. In. Kind Description. Check B. 7-17 \$ 50.00 Standard Code Code Code Code Code Code Code Cod	Comments	Colonia Coloni	ALEXANDER OF THE PROPERTY OF T	CONTRACTOR OF THE PARTY OF THE			LI PARESTO DE PRODUCTO DE CONTROL				
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